# **53-**\_

## Instructions:

## RGO Change of Resident Agent Name and/or Registered Office **Address by Resident Agent**

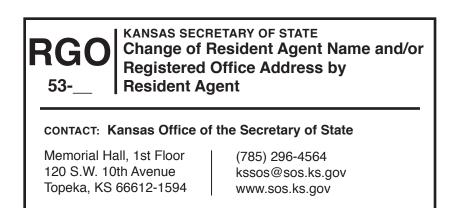
### Contact:

#### Kansas Office of the Secretary of State

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@sos.ks.gov www.sos.ks.gov

] 1.	Submit this form with the <b>\$35</b> filing fee for for-profit entities, <b>\$20</b> filing fee for not-for-profit entities, or if this is a change to multiple entities, submit an attachment with the entity names, business entity ID numbers and their states of organization, and enclose a <b>\$150</b> fee.
] 2.	This form is only for a change in name or address of a resident agent - the resident agent must remain the same person.
] 3.	This filing only changes the resident agent and/or registered office. If you wish to change the mailing address (where our office will send official mail), please submit form MA, available at www.sos.ks.gov.
	AY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GO-

**NOTICE**: There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.



Above space is for office use only.



**INSTRUCTIONS**: All information must be completed or this document will not be accepted for filing. Please read instructions sheet before completing.

1. I,, the resident agent for the entity(ies) listed below, do hereby certify that I have changed my name and/or the registered office address in the state of Kansas for the following business entity(ies):						
2. Business entity ID number: This is not the Federal Employer ID Number (FEIN)						
<b>3. Business entity name:</b> Name must match the name on record with the Secretary of State						
4. State/Country of organization:						
5. Current resident agent name and registered office address:  Address must be a street address A P.O. box is unacceptable	Name					
	Street Address					
	- Civ	Kansas				
	City	State	Zip			
6. New resident agent name and registered office address:  Address must be a street address A P.O. box is unacceptable	Name					
	Street Address					
		Kansas				
	City	State	Zip			
7. Effective date:	Upon filing					
	Future effective date  Month	Dan	Year			
		Day				
8. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.						
Signature of resident agent	Date (month, day	, year)				
Name of signer (printed or type	d)					